County: Clark
NEILLSVILLE MEMORIAL HOME
216 SUNSET PLACE
NEILLSVILLE 54456 NEILLSVILLE 54456 Phone: (715) 743-3101
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 128
Total Licensed Bed Capacity (12/31/00): 136
Number of Residents on 12/31/00: 102 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Nonprofit Church-Related Skilled No Yes 109 102

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups		Less Than 1 Year 1 - 4 Years	26. 5 47. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 0	Under 65	0. 0	More Than 4 Years	26. 5
Day Servi ces	No	Mental Illness (Org. /Psy)	9. 8	65 - 74	10. 8		
Respite Care	Yes	Mental Illness (Other)	11.8	75 - 84	31. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.0	85 - 94	44. 1	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.0	95 & 0ver	13. 7	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No [Fractures	2. 9		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	10. 8	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	33. 3			RNs	7. 0
Referral Service	No	Di abetes	2. 9	Sex	%	LPNs	7.8
Other Services	No]	Respi ratory	3. 9			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	19. 6	Male_	27. 5	Aides & Orderlies	47. 5
Mentally Ill	No [Female	72. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	 I	Manageo	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	5	6. 3	\$100. 91	0	0. 0	\$0.00	2	11. 1	\$121.00	0	0. 0	\$0.00	7	6. 9%
Skilled Care	5	100.0	\$153.00	69	87.3	\$85. 84	0	0. 0	\$0.00	16	88. 9	\$109.00	0	0.0	\$0.00	90	88. 2%
Intermediate				5	6.3	\$70.77	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	4. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		79	100. 0		0	0.0		18	100.0		0	0.0		102	100.0%

				4 4 4 4 4 4 4 4 4 4 4 4			1. 4. 4. 4. 4. 4.	
Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti ons	s, Servi ces	s, and Activities as o	f 12/3	1/00
Deaths During Reporting Period			% Ne	eedi ng			Total	
Percent Admissions from:		Activities of	%		ance of	% Totally	N	umber of
Private Home/No Home Health	25. 3	Daily Living (ADL)	Independent		Two Staff	Dependent		esi dents
Private Home/With Home Health	0. 0	Bathing	1.0		54. 9	44. 1	200	102
Other Nursing Homes	1. 3	Dressing	21.6		19. 0	29. 4		102
Acute Care Hospitals	67. 1	Transferring	33. 3		55. 9	10. 8		102
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	30. 4		34. 3	35. 3		102
Rehabilitation Hospitals	0. 0	Eating	91. 2	`	4. 9	3. 9		102
Other Locations	6.3	************************************	******	******	*********	*********	****	*****
Total Number of Admissions	79	Continence		% S ₁	ecial Trea	atmonts		0/2
Percent Discharges To:	7.5	Indwelling Or Externa	al Cathotor	14. 7		Respiratory Care		2. 0
Private Home/No Home Health	38. 6	Occ/Freq. Incontinent		28. 4		Tracheostomy Care		0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent		15. 7		Suctioning		0. 0
Other Nursing Homes	4. 5	occ/rreq. Incontrnent	t of power	13. /	Pocci ving	Ostomy Care		0. 0
	2.3	Mobility:			Deceiving	Tube Fooding		2. 9
Acute Care Hospitals		Mobility	J	10 7		Tube Feeding	D: a+a	
Psych. Hosp MR/DD Facilities	0.0	Physically Restrained	1	12. 7	kecei vi ng	Mechanically Altered	brets	60. 8
Rehabilitation Hospitals	0.0	GI: G		0.	1 5 1			
Other Locations	2.3	Skin Care				ent Characteristics		07 0
Deaths	52. 3	With Pressure Sores		1.0		nce Directives		87. 3
Total Number of Discharges		With Rashes		0.0 Ma	edi cati ons			
(Including Deaths)	88	1			Recei vi ng	Psychoactive Drugs		49. 0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l		
	Facility	Based Facilities	Faci	lties	
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	80. 1	87. 5 0. 92	84. 5	0. 95	
Current Residents from In-County	94. 1	83. 6 1. 13	77. 5	1. 21	
Admissions from In-County, Still Residing	32. 9	14. 5 2. 27	21. 5	1. 53	
Admissions/Average Daily Census	72. 5	194. 5 0. 37	124. 3	0. 58	
Di scharges/Average Daily Census	80. 7	199. 6 0. 40	126. 1	0.64	
Discharges To Private Residence/Average Daily Census	31. 2	102. 6 0. 30	49. 9	0.63	
Residents Receiving Skilled Care	95. 1	91. 2 1. 04	83. 3	1. 14	
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	77. 5	66. 7 1. 16	69. 0	1. 12	
Private Pay Funded Residents	17. 6	23. 3 0. 76	22. 6	0. 78	
Developmentally Disabled Residents	2. 0	1. 4 1. 43	7. 6	0. 26	
Mentally Ill Residents	21. 6	30. 6 0. 70	33. 3	0.65	
General Medical Service Residents	19. 6	19. 2 1. 02	18. 4	1.06	
Impaired ADL (Mean)*	44. 9	51. 6 0. 87	49. 4	0. 91	
Psychological Problems	49. 0	52. 8 0. 93	50. 1	0. 98	
Nursing Care Required (Mean)*	8. 3	7. 8 1. 07	7. 2	1. 17	